

# 2011 Military Health System Conference

## PCMH: Making Cultural Change Real – Shifting Paradigms and Changing Roles

*The Quadruple Aim: Working Together, Achieving Success*

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# Cultural Change in the PCMH



- Why organizations often fail at transformational change?
- What strategies can be used to successfully manage change?
- How can change be made to stick?
- What will it take to sustain transformation so that a new culture is created?



***“If you don't like  
change, you're going to  
like irrelevance even  
less.”***

***General Eric Shinseki (ret)  
Former Chief of Staff, U.S. Army***

# John Kotter: Leading Change



- Eight common errors leading to failure
  - (1) Allowing too much complacency
  - (2) Failure to create sufficient guiding coalition
  - (3) Underestimating the power of vision
  - (4) Under communicating the vision by a factor of 10
  - (5) Permitting obstacles to block the new vision
  - (6) Failing to create short term wins
  - (7) Declaring victory too soon
  - (8) Neglecting to anchor changes firmly in corporate culture

# Implementing Large Change



- Not for the faint hearted
- Requires oversight at most senior levels
- Change affects people and “their” processes
- Cannot underestimate the importance of planning and coordination
- Today’s globalization demands that organizations be more agile and adaptable
- Success is anchored in understanding



# **“Leading Change”**

## **John Kotter**

### ***The Eight State Process of Creating Major Change***

# 1) Establish a sense of urgency



- Do folks understand why change is needed?
- Strategic communication; one voice
- Don't start changing before you have sold the "need"
- In the absence of data, folks believe all is well
- Never underestimate the magnitude of forces that reinforce complacency and the status quo

## 2) Create a guiding coalition



- Not even a monarch CEO can go it alone...
- Beware the low credibility committee
- The guiding coalition:
  - Power players (managers)
  - Expertise
  - Credibility
  - Leadership to drive change
- Must have good leaders **and** managers
- Create trust and develop a common



# 3) Develop a vision and strategy



- The difference between leadership and management
- Leadership creates:
  - Vision of and appealing future
  - Strategy for how the vision might be achieved
- Management:
  - Plans steps and timetables to implement strategies
  - Develops financial projections and goals

# 4) Communicating the change vision



- Most powerful when common understanding across the organization
- Message:
  - Simple
  - Create a picture, metaphor
  - Repeated, multiple forums
  - Leadership by example
  - Two way communication
  - Eliminate inconsistencies or mixed signals

# 5) Empower broad based action



- A sensible vision creates opportunities to initiate actions to support that purpose
- Structures must be aligned with the vision
- Provide training
- Align personnel and information systems to the vision
- Confront supervisors who undercut needed change

# 6) Generate Short Term Wins



- Don't declare victory too soon
- Understand incremental change
- Short term wins provide evidence that sacrifices are worth it
- Reward change agents with recognition
- Undermine cynics and resisters
- Build momentum by adding new believers to the coalition

## 7) Consolidating gains; produce more change



- Resistance is always waiting to reassert itself
- They often organize the celebration!
- Communicate more change, not less
- Expand efforts
- Manage expectations that change is continuous over years, not months
- But beware of change fatigue and how to manage it

# 8) Anchor new approaches in culture



- Culture is powerful
- Comes at the end of transformation
- Largely dependent on results
- Talk up the successes so validity recognized
- Sometime changing culture means changing who is on the bus, or which seat they're in
- Promotion processes and recognition should be aligned with new practices or old culture will reassert itself!

# National Demonstration Project



- 36 Family Medicine practices
- Implementing the PCMH
- Analyzed and followed by TransforMed
- Biggest challenges:
  - Resourcing
  - Realistic timelines (3-6 years)
  - Transformation of physician behaviors
  - Change management to team based population based health management

# Pensacola Transformed Project



- Change Readiness Assessment to all staff
- Qualitative interviews with 25 key stakeholders
- Strongest areas: Leadership and change management
- Levers for change: Teamwork and work satisfaction
- Opportunities: Communication!



# Qualitative Interview Themes



- Positive perception of PCMH
- Desire to know more about expectations/goals
- Develop model for role expectations in PCMH
- Keep an eye on resource needs
- Need a process for feedback and input from staff (Two way communication)
- Monitor the staff for change fatigue, adjust accordingly

# TransforMed Offsite



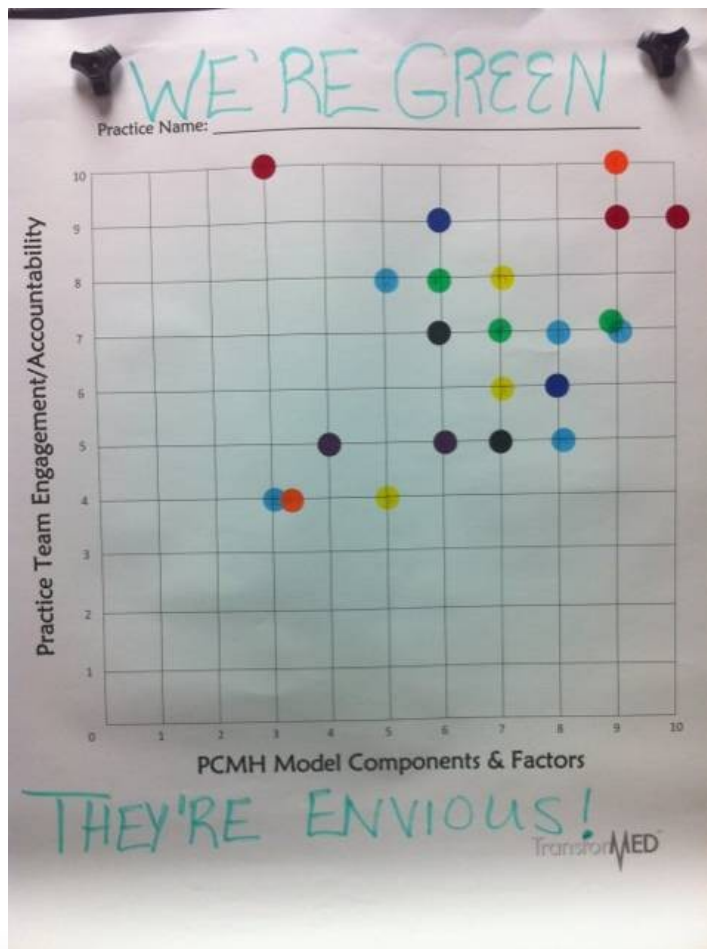
# Team Building



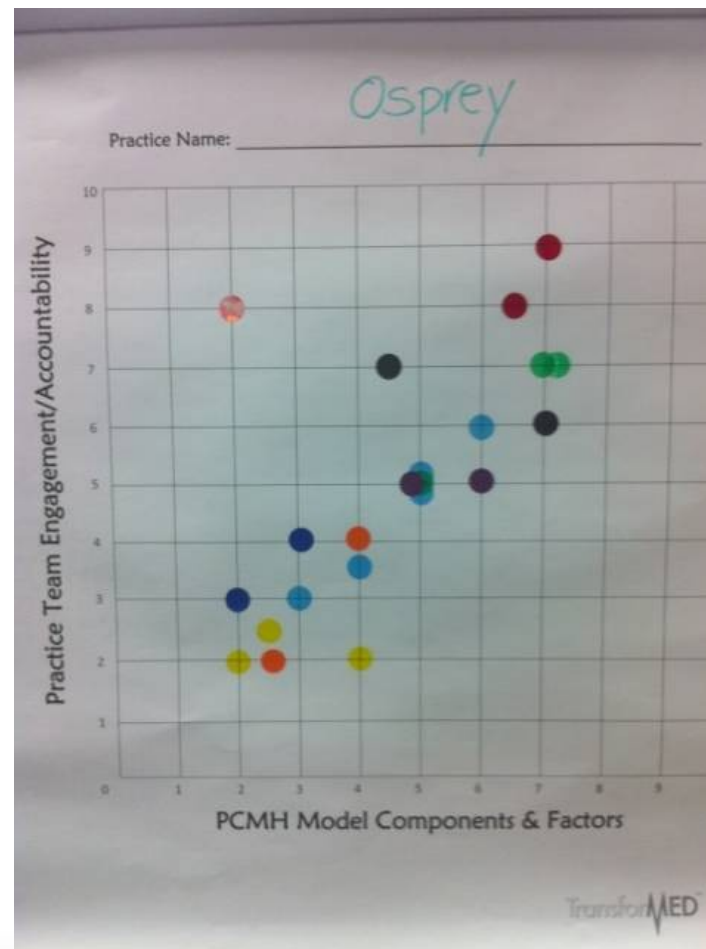
- Examined team based practice
- What roles could each group own?
- What commitments could they make?
- High Performance Task Exercise
  - Examined components of PCMH
  - How engaged and how accountable are they for each?
  - As a group placed dots to annotate

# Along the change continuum

## Green Team



## Osprey Team



# Lessons Learned



- Change is hard
- Establish the sense of urgency (WHY)
- You cannot over communicate
- Strategic communication plan = first priority
- Clearly delineate deliverables / goals
- Provide frequent feedback to stakeholders
- Get the right people on the bus in the right seats. Strong, credible, influential coalition.



# **Making Culture Stick**

## **The NNMC Experience**

**Fred Mael PhD**  
**Mael Consulting and Coaching**

# The Promise of Medical Home



- Indications of success of MH
  - Improved HEDIS scores
  - Reduced specialty care
  - Reduced trips to emergency room
  - Improved provider continuity
  - Increased patient activation
  - Patient satisfaction
- But - MH is not an island
  - Embedded within culture(s)

# Understanding Organizational Culture



- Culture is set of values, beliefs, and ways of thinking embraced by members
- Involves assumptions about
  - reality, time, space
  - truth
  - human nature and human relationships
- For any culture, need to know the “givens” and why they are maintained





# Aspects of Culture

- The overarching organizational culture(s) and the various subcultures
- Organizational versus professional culture
- Formal and informal culture – and who controls it
- The current study: Interviews with all members of NNMCC PCMH (all teams and professions)

# Positive Aspects of Working in MH



- Patient-centered and responsive to patient needs and preferences
- Better continuity
- Better integration of staff and support staff
- Specific additional resources or processes are valuable
- Values of MH make work more meaningful for employees

# The Cultural Influences on the NNMC Medical Home



# Perceived Tensions between Potentially Opposing MH Values



Issue	Potential Solutions
<ul style="list-style-type: none"><li>• Tension, perceived conflict between open access and continuity</li><li>• Staff rotations to deal with shortages hurt continuity</li><li>• Lack of staff consensus on how to treat late patients</li><li>• Preventive medicine claims are overstated</li></ul>	<ul style="list-style-type: none"><li>• Staff needs to know:<ul style="list-style-type: none"><li>- why open access is central to the MH concept,</li><li>- what is meant by "open access",</li><li>- when and if it takes precedence over continuity goals</li></ul></li><li>• Teams need justifiable, consistent policy about late arrivals</li><li>• Determine if preventive care for the not-yet chronically ill is feasible and deserving of effort, given current manpower and resource constraints</li></ul>



- Selection/Retention: Weeding out the:
  - Less committed
  - Less capable
- Empowerment
  - Policy Changes
- Communication
  - Internal and external
- Orientation Training and Socialization
- Team Building
  - Formal and informal